



Wake County ***Alcohol Beverage Control Board*** **Grant Application**

1212 Wicker Drive | Raleigh, NC 27604 | 919.832.2726 | WakeABC.com

The Wake County Alcohol Beverage Control (ABC) Board has set a goal of providing supplemental funding (per North Carolina General Statute 18B-805(H)) to qualifying Wake County organizations for programs and services for the research, education, and/or treatment of alcohol and substance abuse.

WHO QUALIFIES?

Grants will be made only to non-profit, tax exempt, charitable, or municipal organizations which are exempt under Section 501(c)(3) of the Federal Internal Revenue code or are government entities such as the State of North Carolina, Wake County, or municipalities within Wake County.

WHAT ARE THE CRITERIA?

- Funding is only available for the programs and services for the research, education, and/or treatment of alcohol and substance abuse per NCGS 18B-805(H).
- Funding is restricted to programs and services for only Wake County residents
- Grants applications can be for one-time or re-occurring programs and services.
- Applicants who do not meet reporting guidelines may be excluded from future funding
- Applicants are encouraged to seek a supplemental and/or matching funding at least equal to or more than the requested grant. Matching support must be received within the same fiscal year as approved funding by the Wake County ABC. Documentation verifying such funds may be requested.
- All grant funding must be spent or encumbered prior to June 30 of the Wake County ABC fiscal year. The Wake County ABC General Manager reserves the right to extend such deadlines upon justified requests.

WHAT IS THE TIME LINE FOR THE GRANT PROCESS?

1. *Application submittal:* Grant applications must be submitted between July 1 and September 1 at the close of business. When such dates fall on weekends, the General Manager reserves the right to extend such periods.
2. *Site Visits:* Before the application is considered by the Wake ABC Board, site visits will be periodically conducted to verify compliance with the grant criteria. Such visits may or may not be announced.
3. *Wake ABC Board consideration:* Applicants will be notified by Wake County ABC Staff of when the application will be heard by the Board. Attendance is recommended and presentations should be limited to 10 minutes.
4. *Notification of consideration:* Applicants will be notified in writing of funding approval or denial.
5. *Disbursement:* When awarded, grant funds will be distributed within thirty (30) business days.
6. *Progress Report:* Progress report forms must be submitted no more than twelve (12) months after the Wake County ABC Board approval. Failure to meet this deadline could potentially disqualify the organization from future funding. Announced and unannounced site visits may also take place after a grant is awarded.

How do I make an application?

Attached are the application and checklist for all supplemental documentation required for submittal and consideration. Please submit eight (8) complete copies of all materials to the following location. Please direct any questions to the Wake County ABC General Manager at 919.832.2726.

Wake County ABC Board
Attn: General Manager
1212 Wicker Drive / Raleigh, NC 27604



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(In the corresponding boxes, please type in the desired information)

SECTION A – GENERAL INFORMATION

Project Title:

New Project On-Going Project that has been funded in prior years

Organizations Name:

Physical Address:

City / State/ Zip:

Phone: Website Address:

Contact: Title:

Contact Person's Email Address:

Brief summary about your organization, history, and mission (no more than 1,000 characters)

Brief summary about this proposed project (no more than 1,000 characters)

Your Total Project Budget: \$ Funding requested from Wake County ABC: \$

SECTION B – PROJECT JUSTIFICATION

Under 2,000 characters, please justify your project by giving a summary explaining the following.

1. What specific need or problem does your project address with the treatment, research, and/or education of alcoholism or substance abuse?
2. How will your project address the need or problem?
3. What population or demographic is your project designed to serve?
4. Why and how is this target population or demographic at risk to alcohol or substance abuse?
5. How will the target population or demographic benefit from your project?
6. What is the strategy to reach this target population?
7. What other partnering organizations will be involved in this project?

SECTION C – PROJECT MANAGEMENT & IMPLEMENTATION

Under 2,000 characters, please provide a timeline to demonstrate how this project will be implemented. The timeline should include specific steps, key staff, volunteer involvement, as well as collaborative partner involvement in each step. The names and qualifications of the key staff, volunteers, and partners would be beneficial.

SECTION D – PROJECT EVALUATION & BENCHMARKING

Under 3,000 characters, please list what methods you will use to evaluate your project's impact on alcohol and substance abuse. Include how the impact will be measured including goals, strategies, and measurements.

SECTION E – PROJECT SUSTAINABILITY

Under 3,000 characters, please explain how your Organization will support this project into future years if it were to continue. List any additional resources that may be needed to support this project and the plans for acquiring and procuring them.

SECTION F – PROJECT BUDGET (if space is needed for further information, please duplicate this page only and do not create your own budget page)

PART 1. REVENUES: *please list any other sources of revenue you are planning to receive*

1. Source:	<input type="text"/>	Amount:	<input type="text" value="\$"/>
2. Source:	<input type="text"/>	Amount:	<input type="text" value="\$"/>
3. Source:	<input type="text"/>	Amount:	<input type="text" value="\$"/>
REVENUE GRAND TOTAL:			<input type="text" value="\$"/>

PART 2. EXPENDITURES: *please list any expense costs associated with your project*

1. Staffing costs (Include at-will, contract, and consultant)

Name:	<input type="text"/>	Title:	<input type="text"/>	Associated cost:	<input type="text" value="\$"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Associated cost:	<input type="text" value="\$"/>
Name:	<input type="text"/>	Title:	<input type="text"/>	Associated cost:	<input type="text" value="\$"/>
SECTION 1 SUBTOTAL:					<input type="text" value="\$"/>

2. Office/Facility lease or ownership costs

Address:	<input type="text"/>	Amount:	<input type="text" value="\$"/>
Address:	<input type="text"/>	Amount:	<input type="text" value="\$"/>
SECTION 2 SUBTOTAL:			<input type="text" value="\$"/>

3. EDUCATIONAL MATERIALS (list details below) **SECTION 3 SUBTOTAL:**

4. SUPPLIES, PRINTING, POSTAGE, & MISCELLANEOUS (list details below) **SECTION 4 SUBTOTAL:**

5. OTHER (list other expenditures unrelated to categories above) **SECTION 5 SUBTOTAL:**

EXPENDITURE GRAND TOTAL:

SECTION G – SUPPORTING DOCUMENTATION

Please include the following supplemental materials along with your application. Please label each as listed below.

- Attachment A: Current fiscal budget
- Attachment B: Previous fiscal budget
- Attachment C: Most recent financial audit report
- Attachment D: IRS documentation verifying tax exempt status if you are not a governmental agency
- Attachment E: List of the current Board of Directors noting their general occupation and responsibilities
- Attachment F: Letters of support (no more than three)

SECTION H – AUTHORIZATION

By signing below, I attest that all information in this application is true to the best of my knowledge. I understand the parameters for any grant money awarded must adhere to North Carolina General Statute 18B-805(H). If it is found that such regulations are not followed, the Wake County ABC System reserves the right to require payback of any monies awarded as well disqualification of future funding.

Signature

Date

Printed name

Title



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PROGRESS REPORT FORM

(to be completed and submitted within 12 months of grant monies being awarded)

Project Title:

Organizations Name:

Physical Address:

City / State/ Zip:

Phone: Website Address:

Contact: Title:

Contact Person's Email Address:

Summary of what your project accomplished (no more than 3,000 characters):

Number of individuals your program has served: Estimated cost per individual: \$

Current estimated revenues: \$ Current estimated expenditures: \$

What would you have done differently with your program since originally applying (limit to 1,000 characters)

How could Wake County ABC have assisted you better with your program (limit to 1,000 characters):

Please include the following supporting documentation

- Two (2) testimonial letters from those your program has served
- Pictures of your program in action throughout the past twelve (12) months

By signing below, I attest that all information in this Progress Report is true to the best of my knowledge and that my organization adhered to the regulations set forth in North Carolina General Statute 18B-805(H).

Signature

Date

Printed name

Title